

# Request for Tax Clearance Certificate Limited Liability Company or Limited Liability Partnership

CALIFORNIA FORM

**3555L**

Limited Liability Company (LLC) or Limited Liability Partnership (LLP) name		Secretary of State file number	
Current address	Phone number (      )	Federal employer identification number	
Date business commenced in California:	Date business ceased or will cease in California:	Latest income period for which a California tax return has been filed:	Date filed:

We will issue a tax clearance certificate when all taxes have been paid or secured. All returns remain subject to audit until expiration of the normal statutes of limitations.

Check tax return form filed: ☐ Form 100 ☐ Form 565 ☐ Form 568

Please indicate the status of ANY IRS activity:

Has the IRS redetermined the LLC's or LLP's income tax liability for any prior years that you have not previously reported to us? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If yes, send us a copy of the Revenue Agent's Report.</i>	Is the IRS or the FTB currently examining the LLC or LLP, or has it notified either of a pending examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate the years involved:</i> Current Examination: _____ Pending Examination: _____
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**Complete pages 2 and 3 of this form for an individual or trust assumption of tax liability. Complete page 4 for a corporation, LLC or LLP assumption of tax liability.**

*If we are to issue the tax clearance certificate on a taxes paid basis, please check this box and provide a copy of your final tax return.* ☐

**Supplemental Information.** Please furnish the following information if another corporation, LLC or LLP will continue to conduct the business in California after the current dissolution or withdrawal.

Name of transferee	California corporation number or Secretary of State file number of transferee
	Federal employee identification number
Date assets transferred to transferee	Section of the Internal Revenue Code applicable to the transfer of taxpayer's business or assets: _____

If we are to mail the tax clearance certificate to somewhere other than the LLC or LLP listed above, please complete the following: *(We will send a copy of the tax clearance certificate to the Secretary of State.)*

Name
Address
Phone Number (      )

Mail completed form to:

**SECRETARY OF STATE  
LIMITED LIABILITY COMPANY/PARTNERSHIP UNIT  
PO BOX 944228  
SACRAMENTO CA 94244-2280**

For more information concerning this form, telephone the Franchise Tax Board at (916) 845-4124.

**Assistance for persons with disabilities:** We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments, call: from voice phone (800) 735-2922, or from TTY/TDD (800) 822-6268.

Please complete Section A or B below.

## A. INDIVIDUAL ASSUMPTION OF TAX LIABILITY

Limited liability company or limited liability partnership name		Secretary of State file number
Current address	Phone Number (      )	Federal employer identification number

I unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, all tax returns and data required and to pay in full all accrued or accruing tax liabilities, penalties, interest, and fees due from the above named limited liability company or limited liability partnership at the effective date of cancellation.

My net worth (assets minus liabilities) is not less than: \$ \_\_\_\_\_ .

*(We require a detailed financial statement [PAGE 3].)*

Name of individual assumer (print)	Social security number
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Address	
	Phone Number (      )

Date	Signature
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## B. TRUST ASSUMPTION OF TAX LIABILITY

Limited liability company or limited liability partnership name		Secretary of State file number
Current address	Phone Number (      )	Federal employer identification number

This trust unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, all tax returns and data required and to pay in full all accrued or accruing tax liabilities, penalties, interest, and fees due from the above named limited liability company or limited liability partnership at the effective date of cancellation.

*(We require a detailed financial statement [PAGE 3].)*

Name of trust	Trust federal identification number
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Address	
	Phone number (      )

Date	Trustee's name (print)
	Trustee's signature

FOR PRIVACY ACT NOTICE, SEE FORM FTB 1131.

# FINANCIAL STATEMENT FOR ASSUMER

Limited Liability Company (LLC) or Limited Liability Partnership (LLP) name

Secretary of State file number

## State of Assets and Liabilities

Item	Present value (A)	Liabilities balance due (B)	Equity in asset
Cash			
Bank accounts			
Stocks and bonds			
Cash or loan value of insurance			
Household furniture			
Real property			
Vehicles			
Other assets (describe)			
Federal taxes outstanding			
Loans			
Other (include judgements)			
<b>Net assets (Total column A less total column B)</b>			<b>\$</b>

## General Information (Please attach additional schedules if necessary.)

Net annual income

Source (name of business or employer)

Banks and savings and loan accounts (names and addresses)

Description and license number of each vehicle

Stocks and bonds (name of company, number of shares, etc.)

Real property (brief descriptions and locations)

I certify that the information above is correct to the best of my knowledge.

Assumer's name (print) \_\_\_\_\_

Assumer's address \_\_\_\_\_ Phone number (     ) \_\_\_\_\_

Assumer's Signature \_\_\_\_\_ Date \_\_\_\_\_

# CORPORATION, LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP ASSUMPTION OF TAX LIABILITY

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The Assumption of Tax Liability

of (1) \_\_\_\_\_ )  
\_\_\_\_\_ )  
A limited liability company or limited liability partnership )  
\_\_\_\_\_ )  
by (2) \_\_\_\_\_ )  
\_\_\_\_\_ )  
A corporation, limited liability company or limited liability partnership )  
\_\_\_\_\_ )  
California corporation number, Secretary of  
State file number, or federal employer  
identification number  
California corporation number, Secretary of  
State file number, or federal employer  
identification number

Name of assumer \_\_\_\_\_ unconditionally agrees to file  
with the Franchise Tax Board all tax returns and data required and pay in full all tax liabilities, penalties,  
interest, and fees of (1) \_\_\_\_\_  
\_\_\_\_\_ at the  
effective date of cancellation.

(2) \_\_\_\_\_  
Exact corporation, limited liability company, or  
limited liability partnership name

\_\_\_\_\_  
Print name and title of officer/manager/partner

\_\_\_\_\_  
Signature and title of officer/manager/partner

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, the undersigned, a notary public in and  
for said state, personally appeared \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s)  
whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they  
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the  
instrument the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

Name \_\_\_\_\_ (typed or printed)

**Note:** LLC, LLP, and corporation assumers must provide financial statement.